



Player Information and Permission Form

Name: Age: Date of Birth:

Home Address: City/State/Zip Code: Home Phone:

School: Grade: Email Address:

Mother/Guardian: Home Phone: Business Phone: Cell Phone: Email Addresses:

Father/Guardian: Home Phone: Business Phone: Cell Phone: Email Addresses:

Height:

Medical Limitations:

Extra Curricular Activities: (Weekly/Daily) (September through July) (Times)

Volleyball Experience, Positions played, Teams/Clubs played:

Emergency Contact: Relationship: Phone:

Travel Inquiry: (Please circle response)
NCVA Boys Far Western Tournament (San Mateo, California): (Approx \$1300*, January 9-11, 2015) YES NO
USAV Boys Junior National Championship (Columbus, Ohio): (Approx \$1900*, June 28 - July 5, 2015) YES NO
*Approximate travel cost includes estimated round-trip airfare to NCVA - \$700 and Junior Nationals - \$900.

I/We give permission for _____ to participate in the KU'IKAHI Volleyball Club, realizing that such activity involves the potential for injury which is inherent in all sports.

The undersigned, parent(s) or guardian of the child named above, a minor, does hereby authorize the coach, or such substitute as he or she may designate as the agent for the undersigned. This authorization is given prior to any diagnosis or treatment known to be required in order enable said coach or agents to act effectively in an emergency situation where I cannot be contacted. Should said coach or agents exercise their authorized consent hereunder upon the advice of a licensed physician and surgeon or dentist, I knowingly and voluntarily exonerate and release KU'IKAHI Volleyball Club and said coach or agents from any and all liability for this action.

I/We further release KU'IKAHI Volleyball Club, its coaches and chaperones or all liabilities, and I/We accept all responsibility for all obligations, financial or otherwise, which may result from injuries sustained while participating in the KU'IKAHI Volleyball Club.

Athlete Signature Date Parent/Guardian Signature Date

(A photocopy of the above authorization is accepted in lieu of the original.)